

Application or Docket Number

Effective October 1, 2004												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER TH												
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OF	BASIC FEE	950
TOTAL CHARGEABLE CLAIMS			minus 20=		• . ,			XS 9=		2	X\$18=	1
INDEPENDENT CLAIMS				minus 3 =	· · · · · · · · · · · · · · · · · · ·					OR		
MULTIPLE DEPENDENT CLAIM P				<u> </u>				X44=		OR	×88≠	
MOCHEL DEFENDENT COMMEN								+145=		OR	X300=	
. If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	150
, CLAIMS AS AMENDED - PART II											OTHER THAN SMALL ENTITY	
D (Column 1) (Column 2) (Column 3)								SMALL		OR	SMALL	
AMENDMENTA .	10-8-04	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	· 8	Minus		0	5		XS 9=		OR	X\$18=	
MEN	Independent	• /	Minus		3	=		X43=	· .	OR	X86=	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+145=			+290=	
TOTAL										OR	TOTAL	
										OR	ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)	<u>י</u> ל		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total		Minu			=		XS 9=		OR	X\$18=	
	Incependent	•	Minu	3 000		=		X43=		OR-	X86=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	·
101/									· · · ·		TOTAL	
					•			ADDIT. FEE	<u> </u>	OR	ADDIT. FEE	L
		(Column 1)		(Colu	mn 2)	(Column 3)	4	<u> </u>				400
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minu			3		X\$ 9=		OR	X\$18=	·
MEN	Independent	•	Minu	s		= '		X43=		ÖR	X86=	
٨	FIRST PRESE	NTATION OF M	ULTIP	LE DEPENDEN	T CLAIM		ا. لـ		 			
+145=										OR	+290=	<u> </u>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
•	If the "Highest Nu The "Highest Nun	imber Previously P ober Previously Pa	aid For id For	" IN THIS SPACE (Total or Independ	is less th lent) is th	an 3, enter "3." e highest numb	er to	und in the ap	propriate bo	x in co	olumn 1.	